

Division of Health Care Facilities

FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN8301	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 10/09/2017
NAME OF PROVIDER OR SUPPLIER THE WATERS OF GALLATIN, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 555 EAST BLEDSOE STREET GALLATIN, TN 37066		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 848	<p>1200-8-6-.08 (18) Building Standards</p> <p>(18) It shall be demonstrated through the submission of plans and specifications that in each nursing home a negative air pressure shall be maintained in the soiled utility area, toilet room, janitor 's closet, dishwashing and other such soiled spaces, and a positive air pressure shall be maintained in all clean areas including, but not limited to, clean linen rooms and clean utility rooms.</p> <p>This Rule is not met as evidenced by: Based on an observations, the facility failed to maintain negative air pressure in soiled spaces.</p> <p>The finding included:</p> <p>Observation on 10/09/2017 at 10:08 AM, revealed the chemical storage room in the kitchen did not have negative air pressure.</p> <p>The maintenance director was present for the finding, which was later acknowledged by the administrator during the exit conference on 10/09/2017.</p>	N 848	<p>N848</p> <p>1No residents were found to have been affected by the lack of negative air pressure in the kitchen chemical storage room</p> <p>2All residents have the potential to be affected by the lack of negative air pressure in the kitchen storage room.</p> <p>3On 09.29.2017 the maintenance director noticed a broken pulley on the exhaust fan, while working on the kitchen AC unit. An order was placed with Max Electric on 09.29.2017 for the parts needed to repair existing exhaust fan.</p> <p>4The kitchen chemical storage room exhaust fan will be monitored weekly during preventative maintenance rounds. Fan will be checked weekly for one month, then monthly for three months, with results reported to QA Committee.</p>	09.29. 2017

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6602

AQJ421

If continuation sheet 1 of 1